

GOVERNOR DOYLE'S TASK FORCE TO IMPROVE ACCESS TO ORAL HEALTH
JANUARY 14, 2005
MEETING MINUTES

Members Present: Lori Barbeau, Bill Bazan, Stephanie Burrell, David Carroll, Blane Christman, Carl Eisenberg, Monica Hebl, Wendy MacDougall, Maureen Oostdik-Hurd, Midge Pfeffer, Carrie Stempski, Graciela Villadoniga

At 9:30 am, the Chair of the Task Force, Dr. Blane Christman, called the meeting to order.

Minutes from the Jan. 7 meeting were held for approval until the next meeting.

The meeting began with a discussion of the definition of access as it relates to the actions of the Task Force. Two issues were discussed:

- The need for care vs. the demand for care; and
- The state's ability and commitment to fund services that are proven effective at increasing access.

The Task Force considered their options for making recommendations to the Governor -- either forwarding items that are cost neutral or forwarding items based on the perceived ability to increase access, regardless of cost.

There was a discussion on making a recommendation to the Governor before his budget presentation on February 8.

Hebl: We recommend that the Governor make a financial commitment to oral health.

After considering the state financial situation, a modified option was introduced.

Bazan: We recommend that there is no cut to Medicaid for oral health as we are experiencing in other areas of health care.

That led to a dialogue on the concept of the Task Force making specific recommendations instead of sending a message for added funding. There was agreement on the fact that some of the Task Force recommendations would require funding and that those dollars could ultimately save money in the future.

After some discussion, the members decided that the final report of the Task Force should include a statement that says that the state has to make oral health a financial priority.

Next, the Task Force considered a breakdown of topics and decided to discuss them in the order presented (alphabetical).

TOPICS:

1. Education
 - Loan Forgiveness/Tuition Assistance
 - Marquette University Dental School
 - Public Health Education for Providers
2. Expand Access to Oral Health Care at Non-Traditional Sites
3. Foreign-Trained Dentists

4. Government Actions Required
5. Hygienists and Assistants
 - Duties
 - Expanded Sites
 - Education
6. Medicaid
 - HMO
 - Expansion of Providers that can Receive Reimbursement
 - Medicaid Reimbursement Rates for Dentists
 - Reimbursement Rates Based on Service or Level of Service
7. Prevention Tools
 - Sealants
 - Fluoride (water, varnishes)
 - Public Education
8. Shortage Areas
9. Top 20 List

Recommendations on Education:

Loan Forgiveness and Tuition Assistance

The state's current loan forgiveness program requires dentists to serve a certain percentage of Medicaid clients for at least three years. If they do not fulfill this obligation, they must pay back the funds. Tuition Assistance is given to Marquette to help lower tuition for 40 in-state dental students although Marquette has requested an increase based on the fact that the number of qualified state applicants has grown.

Options raised by the members:

- ☐ Incentives for dentists from out of state.
- ☐ Provide loan forgiveness if a dentist is willing to take a certain number or percentage of Medicaid clients.
- ☐ Remove artificial barriers on location (i.e., provide tuition assistance and loan forgiveness outside of HPSA-defined shortage areas). We need flexibility in defining shortage areas.
- ☐ Loan forgiveness and tuition assistance should be based on either accepting a certain level of Medicaid patients OR serving in a HPSA shortage area. DHFS staff will get the members more information on how the state can do this and how the federal dollars come into the state.
- ☐ State should fund up to 80 state students at Marquette. Financially, this recommendation is difficult because the state cannot determine an exact budget amount. (Marquette's representative said that the Dean of the Marquette Dental School is currently comfortable with funding 50 state students because they believe that is the highest number of qualified students in Wisconsin at this time.)
- ☐ Create loan forgiveness programs instead of tuition assistance because even with tuition assistance, students are getting out of school with over \$100,000 in debt. Also, loan forgiveness assures that dentists are practicing in the state.

- ☐ Promote dental studies to high school students, especially bilingual and diverse populations. The Task Force should recommend that the state send the ADA promotional package for high school students to high school guidance counselors. There is available funding for recruitment of diverse cultures and bilingual high school students.
- ☐ Provide loan forgiveness up front. Increase tuition that is tied to a specific student who will stay and practice in the state; turns into a loan if they decide to leave Wisconsin.
- ☐ Increase state subsidy at least to the amount requested by Marquette for 50 in-state dental students.
- ☐ Provide loan forgiveness that reflects the percentage of your clients that are Medicaid eligible. DHFS staff will calculate dollar amounts and percentage options for the Task Force.
- ☐ Change tax deductibility of student loan interest. Since health care professionals are generally making over \$50,000 and thereby cannot deduct student loans, allow health professionals to deduct student loan interest, tied to service in shortage areas or service to Medicaid clients. DHFS staff will develop some alternatives for the Task Force.

Staff will develop criteria for loan forgiveness programs, including:

- ☐ HPSA site,
- ☐ Community clinics,
- ☐ FQHC,
- ☐ Percent of Medicaid patients seen,
- ☐ Local public health departments, and
- ☐ Look at other states' loans, tuition assistance and incentive programs.

And based on four items:

- ☐ Subsidy,
- ☐ Loan forgiveness,
- ☐ Additional tuition assistance based on commitment to state service,
- ☐ Tax incentives.

Public Health Education

Options raised by the members:

- ☐ Encourage cultural competency in curriculum.
- ☐ Encourage service learning.
- ☐ Encourage pediatric training in oral health (need to make it clear that there is a difference in providing oral health care to children).
- ☐ Encourage continuing education.
- ☐ Ask that the Wisconsin Dental Association have one pediatric dentist presenter at each annual meeting.
- ☐ Talk to DPI to make sure that oral health education is provided along with other health education. Or maybe increased. DHFS staff will contact DPI to get more information.
- ☐ Birth to 3 and WIC should include education on oral health. *This item will be added to the Prevention topic.

- ☐ Discuss educational requirements when we are discussing the scope of practice for hygienists.

The Task Force then jumped ahead and started to discuss Medicaid.

Recommendations on Medicaid:

Options raised by the members:

- ☐ Raise reimbursement rates for oral health professionals to the 75th percentile of ADA Regional most recent fee data.
- ☐ Increase funding for dentists who take a disproportionate share of Medicaid clients.
- ☐ Private practice partnerships with FQHCs to provide care to under-served clients. Could dentists get cost-based reimbursement by acting as a conduit to a FQHC?
- ☐ Contract for a single administrator for dental care (TennCare model). Need an administrator with understanding of dental care system and ability to streamline administrative work for private dentists.
- ☐ Eliminate the HMO system and contract directly with dental care providers.
- ☐ Develop a pilot project or a study tied to treating the under-served.
- ☐ Expand providers who can be reimbursed for providing oral health care including hygienists and pediatricians.
- ☐ Increase reimbursement to dentists based on criteria that assure increased access.
- ☐ Develop a five-year plan to raise the reimbursement rate incrementally, thereby reducing the immediate financial burden.
- ☐ Ask the Wisconsin Dental Association to act as a referral network.
- ☐ Increase reimbursement if there is a demonstrated increase in Medicaid visits. Develop a regional Web site showing dentists that are willing to take a specific number of new Medicaid clients. (DORAL)
- ☐ Increase funding for case management reimbursement to provide follow-up on cases that are screened by public health or during medical visits.
- ☐ Tax advantages based on number of Medicaid clients seen.
- ☐ Cover translation/interpretation services under Medicaid.
- ☐ Recommend screening expanded to eruption of first tooth or age 1.
- ☐ Every dental provider must see X number of under-served each year with increase in reimbursement. (Mandates vs. Incentives)
- ☐ Preferential payment for those seeing increased number of Medicaid patients.
- ☐ Tie MA reimbursement to licensure. (Massachusetts)

DHFS staff will develop a range of options based on this information. Estimate costs.

- ☐ What is a realistic increase in Medicaid clients served based on a specific level of incentive?
- ☐ Tiered system of tax incentives.
- ☐ National Conference of State Legislatures list of incentives (Utah).
- ☐ Quantify some of the programs used in other states.
- ☐ Find models of how other states tied access to reimbursement.
- ☐ Build in accountability while providing incentive for dentists to provide service.
- ☐ Involve the Dental Association in determining recommendations.
- ☐ Five percent increase next year and the following year.
- ☐ Tie incremental reimbursement rate increase to increase in patients seen or percentage increase in patients seen.
- ☐ Reimburse disproportionate care.
- ☐ Tax credit research.

The Task Force adjourned the meeting at 2:00 p.m.

The next meeting of the Task Force will be Friday, February 18 at the Madison Public Health Department. The meeting will begin at 9:30 a.m.